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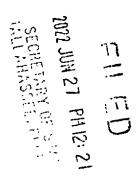
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

|           | Registration Se<br>Division of Cor |   |   |  |
|-----------|------------------------------------|---|---|--|
| OLID ICC  |                                    | POOL'S EARTHWORKS LLC                           |   |  |
| SUBJEC    | :T:                                | Name of Lim                                     | nited Liability Company   |  |
| The enclo | osed Articles of                   | Amendment and fee(s) are sub                    | omitted for filing.   |  |
| Please re | turn all correspo                  | endence concerning this matter                  | to the following:   |  |
|           |                                    | AUDREY L VANDERPO                               | OOL.  |  |
|           |                                    |   | Name of Person  | <del></del>  |
|           |                                    | VANDERPOOL'S EARTI                              | HWORKS LLC  |  |
|           |                                    |   | Firm/Company  | <del></del>  |
|           |                                    | 10487 N SUNFLOWER P                             | т   |  |
|           |                                    |   | Address   |  |
|           |                                    | CRYSTAL RIVER, FL 34                            | 1428  |  |
|           |                                    |   | City/State and Zip Code   |  |
|           |                                    |   | WORKSLLC@GMAIL.COM  to be used for future annual report no                | (F   |
| For furth | er information c                   | oncerning this matter, please c                 | •   | unication)   |
| AUDRE'    | Y I. VANDERP                       | POOL  | 352 6016482   |  |
|           | Name o                             | f Person  | Area Code Dayti   | me Telephone Number  |
| Enclosed  | is a check for the                 | ne following amount:                            |   |  |
| \$25.0    | 00 Filing Fee                      | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|           | Mailing Addres Registration S      |   | Street Address:<br>Registration S   | ection   |
|           | Division of C                      |   | Division of Co  | orporations  |
|           | P.O. Box 632                       |   | The Centre of   |  |
|           | Tallahassee, !                     | r L 32314                                       | 2410 N. Mont  | oe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VANDERPOOL'S EARTHWORKS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company v. Florida document number $\frac{L22000258776}{L22000258776}$ .  | were filed on <u>J</u>          | UNE 06, 2022  | and assigned                        |
|---|---------------------------------|---|-------------------------------------|
| This amendment is submitted to amend the following:   |                                 |   |                                     |
| A. If amending name, enter the new name of the limited liabil   | lity company h                  | nere:   |                                     |
| The new name must be distinguishable and contain the words "Limited Liability   | ty Company," the                | designation "LLC" or the abbr                         | eviation "L.L.C."                   |
| Enter new principal offices address, if applicable:   |                                 |   |                                     |
| (Principal office address MUST BE A STREET ADDRESS)   |                                 |   |                                     |
|   |                                 |   |                                     |
|   |                                 |   |                                     |
| Enter new mailing address, if applicable:   |                                 |   |                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                 |   |                                     |
|   |                                 |   |                                     |
| B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:   | ddress on our                   | records, <u>enter the name</u>                        | of the new registered               |
| Name of New Registered Agent:   |                                 |   |                                     |
| New Registered Office Address:  |                                 |   |                                     |
|   | Enter Fle                       | orida street address                                  |                                     |
|   |                                 | , Florida   |                                     |
|   | City                            |   | Zip Code                            |
| New Registered Agent's Signature, if changing Registered Agent:   |                                 |   |                                     |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance o<br>rovided for in | f my duties, and I am fai<br>Chapter 605, F.S. Or, if | miliar with and<br>this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | Address                 | Type of Action |
|--------------|---------------------|-------------------------|----------------|
| MGR          | AUDREY L VANDERPOOL | 10487 N SUNFLOWER PT    | <b>=</b> Add   |
|              |                     | CRYSTAL RIVER, FL 34428 | □Remove        |
|              |                     |                         | □Change        |
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|  | W 1545 23, 2022                  |                                 |                         |                      |
| ective date, if other than the date effective date is listed, the date must be | te of filing: JUNE 23, 2022      |                                 | (optional)              | umumt to 605 020     |
| te: If the date inserted in this block   | does not meet the applicable     | statutory filing rec            | uirements, this date w  | ill not be listed as |
| rument's effective date on the Depar   | rtment of State's records.       | •                               |                         |                      |
| cord specifies a delayed effective da  | ate but not an effective time    | at 12:01 a m. on th             | e earlier of: (b) The ! | Oth day after the    |
| s filed.   | ne, out not an effective time,   | at 12.01 a.m. on a              | e carrier on (b)        | win day after the    |
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| ted JUNE 23  | 2022                             |                                 |                         |                      |
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| 10110  | Z*! X( ∩X /\U!N\                 | $A \wedge D \otimes A \wedge A$ | 1                       |                      |
|  | gnature of aymember or authorize | d representative of a           | member                  | · <del></del>        |

Filing Fee: \$25.00